

ACOG CODING WORKSHOPS

REGISTRATION FORM

WORKSHOP SITE: _____ **ACOG ID#:** _____

Physician Name: _____
(First) (Last)

ACOG Fellow ACOG Jr. Fellow ACOG Educational Affiliate Non-Member Staff

Staff Names (Limit 5 staff members per physician—all staff must be accompanied by the physician for days 1-3. Please provide individual email addresses for each staff registrant for contact purposes related to this registration and to obtain CME/CEU certificates following workshop attendance.

| NAME | EMAIL | |
|--|-------|---------------|
| _____ <small>(First) (Last)</small> | _____ | Email address |
| _____ <small>(First) (Last)</small> | _____ | Email address |
| _____ <small>(First) (Last)</small> | _____ | Email address |
| _____ <small>(First) (Last)</small> | _____ | Email address |
| _____ <small>(First) (Last)</small> | _____ | Email address |

*Staff may attend alone ONLY if the physician has attended an ACOG coding workshop within the last 2 years. Please provide the following information:
 Physician Name _____ Site and Date of Attendance _____

Mailing Address: _____

City/State/Zip: _____

Daytime Phone () _____ Daytime Fax () _____

| Attendee Category | Days Attending <small>(✓ each module for which you are registering)</small> | Number of Attendees | Fee Per Attendee | Subtotals |
|---------------------------------------|--|---------------------|------------------|-----------|
| | OB Coding Workshop - DAY 1 | | | |
| Fellow | | | | |
| Junior Fellow / Educational Affiliate | | | | |
| Non-Member | | | | |
| 1st Staff Attendee | | | | |
| 2nd Staff Attendee | | | | |
| 3rd Staff Attendee | | | | |
| 4th Staff Attendee | | | | |
| 5th Staff Attendee | | | | |
| | | | Total Fee | |

Check Enclosed Credit Card: Visa OR MasterCard OR American Express

Credit Card #: _____ Expiration Date: _____ CVN #: _____

Signature: _____

Registration may be made by mail, fax, or online (www.acog.org/Education-and-Events).

Register by Fax: Fax registration form to (202) 488-0787, Attention ACOG Registrar.

Register by Mail: Mail registration form to: ACOG Registrar, 409 12th Street, SW, P.O. Box 96920, Washington, DC 20090-6920.

Telephone registrations are not accepted. Space in a workshop is not reserved until payment is processed. Paying by credit card will expedite registration. If paying by check, you must submit the registration form and check together. You are urged to use some form of traceable mail (e.g., registered mail, Federal Express). We are not responsible for checks lost in the mail.

For more information on registering for the workshops, please contact the ACOG Registrar at (800) 673-8444, extension 2540/2541.